ARIZONA STATE BOARD OF HEALTH	(م ۱
BUREAU OF VITAL STATISTICS State File No	7 <u>. </u>
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH Registered No	<u>/ </u>
County Tila State arisona	
District or Township	************
	/
(If birth occurred in a hospital or institution, give its NAME instead of street and	Ward l number)
2. Full name of child (dwards Urnellas Supplemental report, a	ned, make s directed.
3. Sex of Child To be answered ONLY) 4. Twin, triplet or other 6. Legitimate?	
hirths of birth 5. No. in order of birth	1928. Year
8. FATHER MOTHER	
Full name Edwards Ornelas Full maiden name Carolina Salcin	do
9. Residence (Usual place of abode) Mami, (Usual place of abode)	
If non-resident, give place and state. Unsoud. If non-resident, give place and state. Unso	ra.
10. Color or race	
Med. 11. Age at last birthday 27 (Years) Med. 17. Age at last birthday 27	/ (Years)
12. Birthplace (city or place) Parral, Chih. 18. Birthplace (city or place) Parral, Chi	Ì.
(State or country) Mlf. (State or country) Mlf.	
13. Occupation 19. Occupation	3. Sept. 1
Nature of industry Nature of industry Almine industry	
	ainst oph-
(Taken as of time of birth of child herein certified and including this child). (b) Born alive but now dead thalmia neonatorum. (c) Stillborn	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE • 45	
I hereby certify that I attended the birth of this child, who was the date at (Born alive or stillborn)	ove stated.
*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn	•••••
shows other evidence of life after birth.	
Given name added from Supplemental report Address Mamu, Crimpile.	
Month, day, year	
Registrar. Filed 7147/2, 19 0 - C 7077	76
III. www.	strar.

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